

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1. Date of Request: _____		2. Serial/Patent # <b>10/518487</b>		
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ 100
		7. TOTAL AMOUNT OF REFUND		\$ 100
10. REASON:		8. TO BE REFUNDED BY:		
	Overpayment	Treasury Check		
	Duplicate Payment	Credit Deposit A/C #:		
	No Fee Due (Explanation):	9. <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">5</span> -- <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">1</span>		
overpayment for search report.				
11. REFUND REQUESTED BY: <u>W. Alvarado</u>				
TYPED/PRINTED NAME: <u>W. ALVARADO</u>			TITLE: <u>LEGAL</u>	
SIGNATURE: <u>W. Alvarado</u>			PHONE: <u>703/308/9140 Ext. 206</u>	
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____			DATE: <u>05/26/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: